



North Carolina Department of Environment and Natural Resources
Division of Waste Management
Solid Waste Section



INVOICE 2012

Make checks payable to **N.C. Division of Waste Management, Solid Waste Section**, include Permit Number and invoice number on check. If you are paying by electronic transfer, include the invoice number with your electronic transfer. [G.S. 25-3-506: A \$25.00 processing fee will be charged on all returned checks.] Please return a copy of this invoice with your payment.

Contact/Billing Information:	Facility Location Address:
Mr. Don Adams, County Manager Alleghany County Transfer Facility PO Box 366 Sparta, NC 28675	Alleghany County Transfer Facility 419 Osborne Road Sparta, NC 28675

*Put on
check
summary*

INVOICE NUMBER	INVOICE DATE	DUE DATE	AMOUNT DUE
SW012-0083	11-13-2012		\$3,000.00

- A. **Permit Fee Requirements:** Pursuant to North Carolina General Statute 130A-295.8 you are required to pay fee(s) based on your solid waste management activities. The fee(s) shall be used to support the solid waste management program. An application is deemed incomplete until all fees are received.

B. **Explanation of Invoice Amount is Based on Facility's Current Permit Application**

Facility Permit #	Facility Type	Application Type	Application Date	Fee	Total Amount
0303T-TRANSFER-1994	TRANSFER	Amendment (5 Year Renewal)	11-5-2012	\$3,000.00	\$3,000.00
Total Amount Due					\$3,000.00
Amount Paid					\$0.00

*at on
back
summary*

C. **Remit Payment (including a copy of this invoice) To:**

Division of Waste Management
Solid Waste Section
1646 Mail Service Center
Raleigh, NC 27699-1646
Attn: Ellen Lorscheider

*73-580-5400
DL*

D. **Solid Waste Contacts:**

- Questions about billing process: Ellen Lorscheider at (919) 707-8245
- Questions about the Regulations and Technical Assistance:
Ed Mussler (919) 707-8281 Landfills, Transfer Stations
Michael Scott (919) 707-8246 Land Application Sites, Compost Facilities

PAID
CK #48072
\$3,000.00

E. **Update Your Information:** Please indicate any changes in Facility or Contact Information.

PERMIT APPLICATION REVIEW FORM

Review Requested by: Allen Gaither	Date Requested: 11/6/2012
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Facility Name and Permit ID	<u>Alleghany County Transfer Facility, 0303T-TRANSFER-1994</u>
Applicant (Owner) Name	<u>Alleghany County</u>
Description of Permit Request [This is the action the applicant is requesting in accordance with NCGS 130A-295.8(b)]	<input type="checkbox"/> (1)a. New – New Facility <input type="checkbox"/> (1)b. New – Expand Facility Boundary <input type="checkbox"/> (1)c. New – Expand Waste Boundary <input type="checkbox"/> (1)d. New – Substantial Amendment <input type="checkbox"/> (2)a. Amendment – Next Phase of the Approved Facility Plan <input checked="" type="checkbox"/> (2)b. Amendment – Five-year Renewal <input type="checkbox"/> (2)c. Amendment – Change in Ownership <input type="checkbox"/> (3)a. Modification – Change to Approved Plans (No CHR) <input type="checkbox"/> (3)b. Modification – Subsequent Permit to Operate (No CHR)
Permit Fee	<u>\$3000.00</u>
Date Application Received	<u>11/5/2012</u>
Contact Name, Title & Phone No.	<u>Mr. Don Adams, County Manager, (336) 372-4179</u>
Contact Email Address	<u>manageralc@skybest.com</u>
Company Name	<u>Alleghany County</u>
911 Address	<u>419 Osborne Road</u>
Mailing Address	<u>PO Box 366</u>
City/State/Zip	<u>Sparta, NC 28675</u>
Parent Company	<u>N/A</u>
Known Subsidiaries	<u>N/A</u>
Other Known Related or Associated Business Names	<u>N/A</u>
Known Counties of Operation	<u>Alleghany</u>
Does the Applicant have a Past Or Current Solid Waste Permit?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Facility Type: MSW, TS Permit No.: 0302, 0303
Did the Permit Applicant Submit Financial Assurance Cost Estimates?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Not Needed <input checked="" type="checkbox"/>
Other Notes	Enter Other Notes